

Plaintiff / Plaintiff Employer (Work Injunction ONLY) Birth Date: _____ Agent's Name (Work Injunction ONLY)	Defendant Address _____ City, State, Zip Code, Phone _____	Case No. _____ <div style="background-color: black; color: white; text-align: center; padding: 5px; font-weight: bold;"> This is <u>not</u> a court order. </div> <div style="text-align: center; margin-top: 10px;"> PETITION for <input type="checkbox"/> Order of Protection <input type="checkbox"/> Injunction Against Harassment <input type="checkbox"/> Workplace Injunction </div>
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DIRECTIONS: Please read the Plaintiff's Guide Sheet before filling out this form.

1. Defendant/Plaintiff Relationship: ☐ Married now or in the past ☐ Live together now or lived together in the past
☐ Child in common ☐ One of us pregnant by the other ☐ Related (parent, in-law, brother, sister or grandparent)
☐ Romantic or sexual relationship (current or previous) ☐ Dating but not a romantic or sexual relationship
☐ Other: _____
2. ☐ If checked, there is a pending action involving maternity, paternity, annulment, legal separation, dissolution, custody, parenting time or support in _____ Superior Court, Case #: _____.
 (COUNTY)
3. Have you or the Defendant been charged or arrested for domestic violence OR requested a protective order?
☐ Yes ☐ No ☐ Not sure
 If yes or not sure, explain: _____
4. I need a court order because: (PRINT both the dates and a brief description of what happened.)

Tell the judge what happened and why you need this order. A copy of this petition is provided to the defendant when the order is served. (Do not write on back or in the margin. Attach additional paper if necessary.)

Dates	

5. The following persons should also be on this Order. As stated in number 4, the Defendant is a danger to them:

_____ (____/____/____)	_____ (____/____/____)
Birth Date	Birth Date
_____ (____/____/____)	_____ (____/____/____)
Birth Date	Birth Date

6. Defendant should be ordered to stay away from these locations, at all times, even when I am not present:

☐ Home _____

☐ Work _____

☐ School/Others _____

7. ☐ If checked, because of the risk of harm, order the defendant NOT to possess firearms or ammunition.
8. ☐ If checked, order the Defendant to participate in domestic violence counseling or other counseling. This can be ordered only after a hearing of which Defendant had notice and an opportunity to participate.
9. Other: _____

Under penalty of perjury, I swear or affirm the above statements are true to the best of my knowledge, and I request an Order / Injunction granting relief as allowed by law.

_____	Attest: _____	____/____/____	
Plaintiff	Judicial Officer / Clerk / Notary	Date	